

SMS REQUEST FORM

THIS FORM IS INTENDED FOR USE BY US GOVERNMENT PERSONNEL FOR THE EXPRESS PURPOSE OF REQUESTING COPIES OF SOFTWARE (PORTIONS OF WHICH ARE PROPRIETARY) DEVELOPED THROUGH A JOINT EFFORT OF A CONSORTIUM OF US GOVERNMENT AND UNIVERSITY PARTICIPANTS. THE FEDERAL CONSORTIUM AGENCIES ARE:

US ARMY CORPS OF ENGINEERS

ONLY MEMBERS OF THE FEDERAL CONSORTIUM MAY USE THIS FORM TO REQUEST THE SOFTWARE. CONTRACTORS TO THESE FEDERAL AGENCIES ARE PERMITTED TO USE THE SOFTWARE ONLY FOR PROJECTS DIRECTLY FUNDED BY A CONSORTIUM MEMBER. REQUESTS FOR SOFTWARE BY CONTRACTORS MUST BE MADE BY A REPRESENTATIVE FROM THE FEDERAL CONSORTIUM. THE TERM "CONTRACTOR" MEANS THAT THE CONTRACTOR MUST BE ENGAGED SOLELY IN US GOVERNMENT BUSINESS FOR THE USE OF THIS SOFTWARE.

I formally request a copy of the Department of Defense **Surface Water Modeling System (SMS)** for the purpose of conducting surface water analyses for the United States Government. The following information is provided for **SMS** authorization and authentication.

U.S. Gov't Requester:_____
Organization:_____
Mailing address:_____

Phone number:_____ Fax number: _____
e-mail address:_____
Computer configuration (cpu type, model, operating system):_____

Authorized Contractor:_____
POC:_____
Mailing address:_____

Phone number:_____ Fax number: _____
e-mail address:_____
Computer configuration (cpu type, model, operating system):_____

Projected length of SMS use:_____
Project Description(please include intended use of SMS as it relates to the project):

I understand that the copy of **SMS** requested will only be used by either US Government personnel who are employees of one of the federal consortium members or by a consortium member's contractor. I also understand that **SMS** may not be used on any non-consortium funded projects by contractors and that it is the *exclusive* responsibility of the Waterways Experiment Station to distribute gratis copies of **SMS**. No copies of the program will be distributed outside my immediate organization by me or anyone in my organization.

Requester's Signature:_____ Date:_____

Title:_____

Agency:_____

Mail of FAX completed forms to:

Waterways Experiment Station, Attn: SMS Administrator, CEWES-HH-G, 3909 Halls Ferry Road, Vicksburg, MS 39180, FAX number: (601) 634-4208.